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MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH					BUREAU OF VITAL STATISTICS 2	
1. PLACE OF DEATH					State File No.	
County <u>Apache</u>		State <u>Arizona</u>		Local Registrar's No.		
District or Township		or Village		or		
City <u>Vernon</u>		No.		St.		Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number).						
2. FULL NAME <u>Bateman Haight Wilhelm</u>						
(a) Residence, No. <u>Vernon, Arizona</u>		St.		Ward		
(Usual place of abode)		(If non-resident, give city or town and State)				
Length of residence in city or town where death occurred <u>40</u> yrs. mos. ds.		How long in U. S. if of foreign birth? yrs. mos. ds.				
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH		
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED.		16. DATE OF DEATH <u>June 11 1931</u>		
<u>male</u>	<u>white</u>	<u>married</u>		Month Day Year		
5a. If married, widowed, or divorced				17. I HEREBY CERTIFY, That I attended deceased from		
HUSBAND of <u>Maggie May Baird</u>				<u>May 15th 1931</u> to <u>June 10th 1931</u>		
(or) WIFE of				that I last saw him alive on <u>June 10th 1931</u>		
6. DATE OF BIRTH (month, day and year) <u>June 27-1865</u>				and that death occurred, on the date stated above, at <u>6:40-P.</u>		
7. AGE	Years	Months	Days	The CAUSE OF DEATH* was as follows:		
<u>66</u>				<u>myocarditis with apparent pulmon-</u>		
8. OCCUPATION OF DECEASED				<u>ary insufficiency</u>		
(a) Trade, profession, or particular kind of work <u>Stockman</u>				<u>probably</u> (duration) <u>2</u> yrs. mos. ds.		
(b) General nature of industry, business or establishment in which employed (or employer) <u>Own Ranch</u>				CONTRIBUTORY (Secondary)		
(c) Name of employer				(duration) yrs. mos. ds.		
9. BIRTHPLACE (city or town) <u>Rockville, Utan</u>				18. Where was disease contracted if not at place of death?		
(State or country)				Did an operation precede death? <u>No</u> Date of		
10. NAME OF FATHER <u>B. H. Wilhelm</u>				Was there an autopsy? <u>No</u>		
(State or country)				What test confirmed diagnosis? <u>General Symptoms</u>		
11. BIRTHPLACE OF FATHER <u>Unknown</u>				(Signed) <u>T. J. B. Bledin</u> M. D.		
(State or country)				<u>St. Johns, Arizona</u>		
12. MAIDEN NAME OF MOTHER <u>Lydia Draper</u>				* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)		
(State or country)						
13. BIRTHPLACE OF MOTHER <u>Unknown</u>				19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>St. Johns, Arizona</u>		
(State or country)				DATE OF BURIAL <u>June-12-31</u>		
14. Informant <u>A. Lee Wilhelm</u>				20. UNDERTAKER <u>Neighbors</u>		
(Address) <u>Vernon, Ariz.</u>				ADDRESS <u>St. Johns, Ariz</u>		
15. Filed <u>July 10 31</u> <u>Leona Gibbons</u>						
Registrar.						